

WIC Futures Study Group

May 24, 2011

Holiday Inn Convention Center

Helena, MT

Introduction

In response to financial, structural, and operational challenges within the Montana Women, Infants, and Children (WIC) nutritional program, the WIC Futures Study Group met to discuss the WIC service delivery system. The goal of the Study Group is to develop a statewide delivery system to provide effective, efficient, and high quality services to the greatest number of participants possible.

The meeting was held on Tuesday, May 24, 2011. The following is a report of the meeting activities.

Participants Included:

Joan Bowsher DPHHS/WIC
Mark Walker DPHHS/WIC
Carrie Reynolds DPHHS/WIC
Dorota Carpenedo DPHHS
Corinne Kyler DPHHS/WIC
Linda Stallings DPHHS/WIC
Denise Higgins DPHHS
Linda Best Deer Lodge/Beaverhead County WIC
Bill Hodges Big Horn County HD
Kathleen Jensen Sheridan County HD
Jeanine Lund (o) Flathead County HD
Dorothy Bradshaw (o) Lewis & Clark HD
Darcy Hunter (o) Gallatin County HD
Matt Kelley (o) Gallatin County HD
Liz Wildman (o) Gallatin County HD

(o) = observer

The meeting was facilitated by Joan Bowsher – MT WIC Program Director.

Minutes respectfully submitted by Carrie Reynolds – MT WIC.

Opening Comments

Opening comments were made by Joan Bowsher, DPHHS WIC Director. Group members introduced themselves. Over issuance was added to the agenda as a topic.

Report from February meeting and next steps - Joan

- Remote Services – draft policy reviewed for Remote Services for Registered Dietitians
 - Meeting in Helena occurred
 - Draft policy in your folder for using remote services
 - Certifications will be done remotely only by approval of the state office during times of staff transition, it is important to maintain face to face evaluation, assessment and education during the visit.
- Remote Training –
 - The state will provide training via Web-X or similar whenever possible
 - Development of the M-SPIRIT training that will be on line and on a training lap top, we will get some of the initial modules out as soon as we can. It was demonstrated at the Spring meeting. It should be completed by Spring 2012.
- Over issuance Policy – reviewed State Plan policy
 - Dorothy asked if there will be modifications to data base to prevent this & payments for over issuance – what will that be? Mark – SPIRIT has had some bugs, being dealt with which will take care of bugs, but spirit allows over issuance. Replacing benefits adds another set of benefits, so opportunity to over issue is there. Initially the food prescription prevents it, but when voiding and reissuing the system does not protect from over issuance and it is up to staff to be sure they are within federal guidelines. Joan – WIC staff were trained repeatedly on this. Trained to review and preview food benefits to prevent it. Clinics will be billed for the price less the rebate from Abbott for contract formula which is around 22% of the retail price. Non contract formula will be billed at the retail price. Local Agencies need to communicate with Leah on rectifying the report. Dorothy - Likes information which has allowed clinic to QA systems and improve systems. Darcy – Need to round down when issuance of formula. Linda requested that the Infant Formula Reconstitution cheat sheets be reposted to newsletter for staff reference.
- Data Requests – Joan
 - We reviewed all of your data requests and we are going to provide to you all of what we have. Dorota is going to report on the Potential Eligible's project she has been

working on. Mark is going to talk about M-SPIRIT and participation counting and Carrie and Corinne will give you the data you requested.

- A note of caution when reviewing the data. We are pulling and sorting it in different ways so it will not always perfectly match up. In M-SPIRIT we use Regions, you requested some data by county, but we also have Reservation Regions that overlap multiple counties. So, when using this data just keep all of this in mind. Dorota will also be explaining she is still using census data from 2000 because the 2010 data is still not available. If we missed some piece of data that you would like, please let us know and we will try to get it to you.

Report on Potential Eligible - Dorota

Report reviewed estimate for WIC potentially eligible by county, by calendar year & by city. The model will be updated when census 2010 data is released. Used 2006 – 2009 data and projecting for 2010. Projected and reviewed data with group. Montana has about 54,000 potentially WIC eligible people in MT. Each WIC category was reviewed. Data was also reviewed by county and handouts were provided to attendees.

Report on Data requested - Carrie, Mark and Corrine

- April 2011 participation report
- Report of number of certifications and April 2011 participation by county were distributed and reviewed.
- Enrolled vs participation report is available through M-SPIRIT and it will be located and reviewed and an explanation of the report will be brought forward.
- Cost per eligible participant – used data Dorota provided (eligible and actual) by county. Actual expenditures by calendar year used to determine cost per eligible participant.
- Actual cost per participant – using 2009 calendar year, by region. Table will be posted to website with other meeting information. Dorothy asked about other states numbers and costs per participant. Joan responded that it is difficult to compare as the structure of other states varies greatly. MT WIC currently receives a higher % of federal funding than many other states. Joan encourages agencies to look at their numbers and their grant amount and to take their average participation and divide it by money used to provide services to determine what it is costing to provide services in your county. Costs vary greatly across state. MT WIC does not mandate how much should be spent per participant, but agencies need to be looking at costs of doing business and providing services in the most efficient manner.

Other reports or data needed? None requested at this time.

Linda commented that she appreciated the additional data and reports to help guide decisions. Bill added that it helps when talking money with commissioners. Potentially eligible information will be very helpful.

Funding Picture – Joan

As you all know we have worked so far this year on a continuing resolution and not until about a month ago Congress finally passed a full year CR to fund WIC until September 30, 2011.

At this time we have our 2011 funding level

Food Grant \$9,582,668

NSA \$4,689,670

****We are still waiting to hear final figures on the OA funding and possible reallocation funding.**

We do have enough funds to cover all local agency contracts in full, so please go back and explain to your WIC Directors to go ahead and plan to spend their full grants. We had encouraged them to be careful at the Spring Meeting about spending. We will also discuss funding with them on the June 2nd Conf Call.

Jeanine – Will our contracts be modified? Joan – undetermined at this time. Plan to carry forward the 3 ½% total that is allowed.

Cost Allocation – Joan

Even though we ask and fiscal lowers the estimate, the actual billed amount has been over the original estimate. We have still been billed even though the estimate may get reduced.

Dorothy – asked to see it broken out (on behalf of Ellen). Concerned about program money going to “enterprise”. Joan responded that a new bureau is going into the Public Health & Safety Division and costs are going up. IT costs get divided by computers and CS #'s used.

Talked about giving computers back to local agencies – does not necessarily provide a savings. Cost allocation is really the cost of doing business. Attorney services and QA auditor's fees also funnel into the cost allocation. Joan not hopeful costs will go down. Corrine - % charged was 5% of grant (includes food \$). Takes large amount of people to manage the grant. USDA does not put a cap on cost allocation states can charge.

Funding Formula - Group

Joan asked if anyone had any proposed changes to funding formula. No one responded with a proposal

State Proposal –

Spread Sheet

Funding for FY2012

\$3,200,000 from the NSA grant (rounded up from previous years)

400,000 request from OA for case load maintenance

100,000 from Carry Forward funds

\$3,700,000 Funding for Local Agency Contracts, using a similar formula as last year.

We are then proposing – if we have surplus funds April 1, 2012 we would then propose to give out performance bonuses. We are proposing 3 goals, local agencies would choose one to work on. We would use the reporting period from October – March.

- 1) Increase redemption of fruit and vegetable benefit by 5%
- 2) Increase participation by 5%
- 3) Increase BF rate (of fully BF infants at 3 months) by 5%

Bonuses would be based on amount of funding available divided by the number of total participants from agencies that achieved their goal times total participant for the agency.

We are also proposing for FY 2012 that all agencies have an RD on staff or on contract. We are proposing that if an agency does not, that the state will withhold an amount of funds that would be given to another agency who would then provide RD services for them. We have provided you a spread sheet with all the agencies listed, number of participants, number of high risk participants, estimated number of visits needed by the RD (can be done via remote services), estimated time required to complete visit responsibilities, and estimated total hours needed for the full year. We didn't put a \$\$ amount per hour, my guess and this group may want to decide the amount, somewhere between \$30 and \$50 per hour.

Discussion:

Linda – if have own RD – you would not be affected? Joan – correct

Jeanine – Please explain bonus idea. Joan – proposing to put a little less money in contracts. If there is extra money through OA or reallocation, the bonus money would be awarded to agencies meeting one of the three goals.

Linda – Caseload maintenance is listed at \$400,000.00 – are we secure in that? Joan – yes. Have been assured we will get our 10%.

Dorothy – Base client service for last year? \$173.01. Likes performance idea.

Bill – Would we declare a goal at beginning of year? Yes.

Linda – appreciate a lower projection than anticipate so money can be added rather than trying to reduce later. Sounds like a reasonable approach.

Dorothy - Missoula and Riverstone is less money. Corrine – almost all are down, based on participation numbers.

Matt – Are you really asking us to do more with less money? Joan – Not really. No guarantee that we will get money from feds. Otherwise we would be looking to ask locals to make cuts to contracts. Comfortable with numbers given and providing more money later. If locals would

rather have it in contract adjustment, please say so. Not comfortable going over \$3,700,000.00.

Darcy – Once goal is set can get updated on monthly basis. Mark – shouldn't be a problem. Need to establish a base line number and a goal number.

If agency does not meet goal – what happens to money. Joan – it is then divided by agencies that meet their goal.

Matt – Concerned that providing bonuses is asking agencies to do more with less money.

Meeting goals is going to require more staff, but we would have less money to work with. Joan – are there other goals that could be added. Need to be measurable and attainable.

Bill – What about “no Show rates”? Mark – might be difficult to measure. Count of no shows may not be accurate. Darcy – reports are not completely accurate in system. Asked about e-mail in M-SPIRIT. Joan – Bobbi has researched it. Mark – servers need to be reconfigured to accommodate it. Joan – text messaging may work, state is looking into it.

Matt – What is overall decrease of money that will go into contracts? Corrine – explained budget.

Matt – explain why local agency training & travel was removed. Joan – in past contracts included set amount of money to send people to state sponsored training rather than reimbursing for individual training. Matt – Going from 3.8 mil to 3.7 mil is dangerous as it may create winners and losers. Performance incentive to not have a cut in contract amount. Wants agency to hit targets but also wants to know amount of money available. Concerned about practical reality of meeting goals and meeting staffing requirements. Could be unrealistic. Joan – State is saying if there is any extra money available, we will get it out the best we can. Thought incentives may help reward those who are working hard and growing. If participation is growing it is difficult to meet program needs. Incentive would provide an opportunity to help relieve some of that. Matt – Incentivized program as it already stands. Dorothy – Shifting field of numbers without an increase of money. WFSG went to funding formula to help stabilize funding. Continue to be asked to do more with less. Denise – What I am hearing Joan say is “let's be conservative and go leaner”. Joan – if we do not have enough food dollars, we would have to go to a wait list. We would not go there without permission from our regional office and we hope not to go there. We are projecting tight food dollars and have requested additional food dollars for FFY 2011.

Linda – there are other considerations. I appreciate your conservative approach. Along with the 5% decrease, our employee costs are going up. Need to find other ways to provide services – issue 3 months except to those who are very high risk – we are being asked to do more with less.

Matt – need to be very clear on what the baseline numbers are and what the 5% is based on. Be very specific on what 5% increase really is. Dorothy – need to be sure they are well defined. Would like more discussion on if they are achievable in a 6 month period and how will they be

measured. Denise – Many of our programs are intertwined. Work smarter and ask other programs to help with the WIC message (immunization).

Kathleen – It is harder to manage programs with fewer dollars. Feel Health Depts. are efficient with the dollars they receive. Hard to set up a budget – commissioners do not want to subsidize WIC. Joan – 6 months ago a committee wanted to RFP WIC. Have to be careful and educate commissioners on WIC and how it affects the other programs. Dorothy – having WIC in Health dept allows it to remain public health. Wants to hold onto WIC as part of public health. Not about making a profit, but others can use them to make a profit. Provide a service as part of public health.

Lunch

Funding Formula Discussion Continued

Dorothy – At some point need to take new information we have (potential) and readdress some of the issues.

Linda – everyone went down. I liked the 3 month formula better.

Dorothy – no matter how it goes there are winners and losers. The fairest is to stay with one time allocation the longer the better to take in the variations we all experience.

Matt – what is the advantage of 3 mo vs 6 mo? Joan – used last year due to the rollout of M-SPIRIT and issuing 3 months of benefits. Participation was higher for those months, so that is what the group decided to use. Matt – makes sense to use a longer time frame and average it. Joan – we can use any time frame you would like. Mark – the longer time frame used, can lose trends as they are not reflected. When a year is used, tend to lose trends, 6 months can allow for trends.

Linda – wouldn't most recent 6 mo reflect most current trend?

Dorothy – it would be interesting to look at 1 year. Would like a consistency on how we determine the formula and the time frame used.

Corrine was asked to insert numbers for 1 year of participation. Reviewed

Dorothy- does the state see other ways, based on information given, that this could be distributed better? Corrine – the Feds say we will distribute money based on participation.

Joan – when we proposed the draft RFP it include the matrix of state, lead, local responsibilities. We heard loud and clear that you do not want the state telling you how to staff. If you want to throw this formula away and start with a whole new plan, we are willing to support that, but it is up to this group to decide and come up with ideas. The \$2,000 & \$4,000 has always been a discussion topic. I do not think we want to go back to individual county

contracts.. Linda – It depends on how you do it. There is more travel involved and it costs money. There are personnel factors that add a whole other layer to the administration of the outlying clinics you take over in regionalization. It has added costs, not decreased them. It has been challenging sometimes.

What funding formula do you want to use for FFY 2012?

Kathleen – We need to make a decision because our budgets are due. We have spent lots of time on this formula. I think we just need to decide on one of the two.

Matt- either the 6 or 12 month. As far as performance based, as long as the baseline is clearly defined before we agree to it.

Dorothy – Ellen would have questions, but I do keep wondering if we have a goal of eligible participants served, and we want to serve more as a state, there are some that are meeting that and others that are not. What flexibility do we have to reach into areas that are underserved? We need to start early looking to next year if we want to make a change. Joan – We did not have a budget until very recently. We are looking at a projected 13% cut for FFY 2012.

6 or 12 months? Vote:

Linda – 12 month

Kathleen – 12 month

Bill – 12 month

Updated spreadsheet will be included in information posted and sent to WFSG members.

Goals & Incentives?

Linda – must have rigid parameters.

Matt – phase it in – portion ties to performance enhancements would eliminate some of the risk involved. Provide balance in contract amendments.

Bill – I would be ok with that, would give a chance to better understand bonus idea.

Joan – to clarify, if we have money, ½ would go out in bonus and ½ would go into contracts using the current funding formula.

Dorothy – Where is that extra money coming from? Joan – no idea. Explanation of funding sources ensued.

Dorothy – likes idea of overall goals for program. Like to proceed forward with this. Helps us decide what we want to focus on and where to bring in partners. Joan – Think about it in the big picture of what your program goals already are. Think about it as a way to reward for doing the job you are already doing.

Kathleen – I feel we are complicating the funding. What you have done before is just give us the money. Feel it might be a discriminatory way. Some agencies may not be able to do it. Would be simpler to just amend our contracts.

Matt – the only way we can increase the overall number of people served is if we set goals and strive to reach them. Make sure we are all clear on what the metric are. Most counties who are not in this room will hear it for the first time and they may not like it. Phasing it in may make it easier to take.

Dorothy – likes the way it can focus us. Gives us a reason to focus our energy on things we are all supposed to do for accreditation.

Jeanine – we are so focused on participation, this gives us a focus on other health messages.

Linda – we are getting a decrease anyway, we have been anticipating one and actually gotten one as our costs continue to go up. Some may feel like it should have been given to us anyway. To sell it we are going to have to explain it well in order to sell it to our constituents. People should know about the increased dollars for increasing breast feeding rates. We get more federal dollars if our redemption goes up. Statewide it helps the state bring in more money so we end up getting more money. I agree with Matt's idea of ½ in contracts and ½ to implement the incentive effort.

Denise – would you feel differently about the goal if it wasn't tied to money?

Matt – I would not want to pin an increase in funding as tied to goals. WIC staff is working really hard now but difficult to say we can meet that goal.

Denise – when the state can tell you what the goal are in a definite way, it might make it easier for agencies to understand.

Matt – it would also help sell it to the larger group.

Dorothy – they are not just quantity goals, there is quality in them as well.

Bill – like having a carrot out there.

Joan - There are three proposals for potential additional funding:

- ½ in contracts as per regular funding formula & ½ in bonus
- All in contracts
- All in bonuses

Kathleen – ½ & ½

Linda – ½ & ½

Bill – ½ & ½

Joan – let's talk about the redemption goal. If that is the goal you pick. Measure Oct to March. What information/details do you want?

- Use previous Oct to March redemption rate - # issued vs # redeemed and figure %
- Do same at end of 6 months
- Increase of 5% or more would meet goal

Dietitian services proposal discussion

Linda – like idea of remote services for follow up.

Matt – Could you explain...

Joan – reviewed draft policy.

Linda – the remote possibility might give us more access for more clinics until staff vacancies can be filled.

Jeanine – now that we have 2 dietitians we may be able to offer our services to other clinics. We do phone call follow ups.

Linda – asked Jeanine to write up their procedures.

Joan – there are a number of ways the services can be provided, but the state would help coordinate the exchange of money through contracts and it would be up to the two agencies to figure out the agreement part. All of the information would be shared on the June 2 call. IT would also be described in contract packet.

Linda – the information would need to be shared with the locals so they understand all of the options available.

Matt – it makes sense. I don't really see a downside to it.

Dorothy – we are required to ensure high risk participants receive RD referrals. WIC does not have to pay for the RD services..correct? Joan – Correct. Dorothy – this might be a way to provide services when there is a vacancy. I feel uncomfortable deciding on this right now because it reduces their funding if they cannot provide RD services. Joan – they would have the option to find an RD or use another agency. It gives you the incentive to find your own.

Matt – it may have more of an impact on smaller agencies.

Linda – how will it affect the reservations?

Joan – WIC requires that high risk participants have an RD referral.

Kathleen – we do not have the money to provide the services. Policy needs to be clarified on phone and in delivery of services.

Jeanine – may be able to fund through other sources.

Kathleen – need to clarify how we provide services.

Denise – would you be able to access telemedicine services?

Kathleen – we would like to have the state make a list of options that are recommended so we have all the information available.

Darcy – if we were to contract with an RD, would our RD transfer that person to their clinic?

Joan – they would be given access to the clinic.

Darcy – how is webex installed?

Mark – a webex component can be installed when they initiate the session. The RD would need a webex license, the participant would not.

Joan – if you work for a local agency on the state network, the state would help with the licensing. If you contract with a hospital based RD, she would have to have her own license for webex or a similar secure program. We can set M-SPIRIT up on non-state computers as long as there is security – not personal computers. WIC will not provide webex contracts for private contractors.

Dorothy – is it a policy that you do webex?

Joan – need to have secure connections and Skype is not secure. Needs to be a secure connection.

Do we want to vote on including this? - Joan

Vote:

Linda – like to introduce the idea and get it worked out before it is introduced as policy. Don't want WIC to be seen as punitive. Phase it in.

Kathleen – many of our high risk participants see their personal physician for services.

Linda Stallings – that's fine as long as it is documented in the file.

Bill – why have we not enforced it in the past? Joan – we have had a lot of other items that needed immediate attention. Now we have been able to provide a remote option.

Linda - yes

Kathleen – yes

Bill - yes

Public Comment

Darcy – We appreciate the opportunity to come.

Dorothy – maybe send out an inquiry as to future date to meet.

Wrap Up/Evaluation and Adjourn - Joan